



Wisconsin Medicaid and BadgerCare Fact Sheet

Medicaid Eligibility Review

If you are eligible for Medicaid, BadgerCare or the Family Planning Waiver Program, you must participate in a Medicaid eligibility review at least once a year to assure that there is no interruption in your Medicaid coverage. If the eligibility review is not completed, your eligibility for Medicaid will end. If you are enrolled in a Medicaid HMO and you have not completed your review, you may have difficulty obtaining services from your HMO, for up to 30 days from the date that you complete your review.

Eligibility reviews will be scheduled at different times, depending on the type of benefits you receive. Below is a list of Medicaid programs and when eligibility reviews are required.

Reviews are required for the following Medicaid programs every 12 months:

- Family Medicaid
- Medicaid for the Elderly, Blind or Disabled
- BadgerCare
- Family Planning Waiver Program

Reviews for other Medicaid programs:

- Healthy Start Medicaid for Pregnant Women - The review must be completed 60 days after the end of the pregnancy.
- Healthy Start Continuous Newborn – The review must be completed 12 months from the date of birth.
- Medicaid through an Extension or Deductible - The review must be completed by the end date of the extension or deductible.
- Presumptive Eligibility for the Family Planning Waiver Program – Presumptive eligibility coverage ends the last day of the second month after you are determined eligible. To continue receiving coverage after the presumptive eligibility ends, you must apply for the Family Planning Waiver Program or Medicaid/BadgerCare with your local county or tribal agency.

How Will I Know When My Review Is Due?

You will be notified by mail by your county/tribal human or social services agency in the month prior to the month your review is due. (For example, if your review is due in April, your notice will be sent in March.)

Reviews done for W-2, FoodShare, Caretaker Supplement or Child Care programs will also be considered a review for Medicaid.

How Will the Medicaid Eligibility Review Take Place?

You have a choice. Your review may be completed by mail, telephone or face-to-face with a worker at your county/tribal social or human services agency.

How Does the Review Work?

You will be asked to update and provide changes in information needed to review eligibility such as in income, assets, expenses and the people who live in your home. A few days after the review is complete, you will receive a notice explaining any changes that may have occurred in your Medicaid eligibility.

For More Information:

- Contact Recipient Services at 1-800-362-3002 (TTY and translation services are available),
- Visit the Wisconsin Medicaid web site at <http://dhfs.wisconsin.gov/medicaid1/>, or
- Your local county/tribal social or human services agency or Medicaid outstation site in your county.

Information provided in this document is general. To find out more detailed information regarding a Medicaid eligibility review, please contact your local county/tribal social or human service agency.

Department of Health and Family Services is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3465 or (608) 266-2555 TTY. All translation services are free of charge.

For civil rights questions call (608) 266-9372 or (608) 266-2555 TTY.

PHC 10049 (Rev. 02/05)